

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Susan M. Duncan

Serial No.: 09/881,856

Filing Date: June 13, 2001

Title: SPACE CONFIGURATION DESIGN TOOL



Attorney Docket No. ADAP-1-1002

Group Art Unit: 2859

Examiner: T.M. Reis

#12/10/03
Received
4/15/03

TRANSMITTAL LETTER FOR PAYMENT OF FEE DEFICIENCY

TO THE COMMISSIONER FOR PATENTS:

Enclosed with this transmittal letter are the following papers:

1. Copy of Notice of Fee Deficiency.
2. Check No. 9840 in the amount of \$60.
3. Return receipt postcard.

Please direct all communications to:

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Facsimile: 206.381.3301
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Respectfully submitted,

BLACK LOWE & GRAHAM^{PLLC}

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04/10/2003 CNGUYEN 00000016 09881856

01 FC:2202 18.00 OP
02 FC:2201 42.00 OP



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MAIL CERTIFICATE

I hereby certify that this communication is being deposited with the United States Postal Service via First Class Mail under 37 C.F.R. § 1.8 on the date indicated below addressed to: Commissioner for Patents, Washington, DC 20231.

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/881.856

06/13/2001

Susan M. Duncan

ADAP-1-1002

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03/14/2003

BLACK LOWE & GRAHAM
816 SECOND AVE.
SEATTLE, WA 98104

EXAMINER

REIS, TRAVIS M

ART UNIT

PAPER NUMBER

2859

DATE MAILED: 03/14/2003

Please find below and/or attached an Office communication concerning this application or proceeding.

Working Copies:	<u>DAL CE</u>
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RP 3/24

Respond to Notice of Fee Deficiency103: 4-14-032W 3-28-03P.T.
3-25-03
g



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UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND
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NOTICE OF FEE DEFICIENCY

The informality regarding the payment of the fee is indicated below in connection with

09/881 836

Paper No.

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- ☒ the original filing of the application and/or preliminary amendment (e.g. additional claim fees)
- ☐ the reply filed on _____ . The reply is not fully responsive to the prior Office action because of the _____ following matter(s). See 37 CFR 1.111 and 37 CFR 1.135.

FEE(S) DUE

- ☐ 1. The reply (e.g., amendment) is considered incomplete in that the funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance* is due within the time period set below.
- ☐ 2. The reply (e.g., amendment) is considered incomplete in that the Credit Card payment to cover the entire fee due to _____ (Card type + last 4 digits ONLY) was refused. The balance* is due within the time period set below.
- ☐ 3. The reply (e.g., amendment) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the time period set below.
- ☒ 4. The filing fee of \$ _____ submitted in this application is insufficient. A balance of \$ 60.00 is due for presentation of excess claims (37 CFR 1.16(b) & (c)).
- ☐ 5. Other.

Explanation (Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due):

26 claims were presented, 24 previously pd for 26-24 = 2X \$9
8 independent claims presented, 7 previously pd for 8-7 = 1X \$42

APPLICANT IS GIVEN A TIME PERIOD OF ONE (1) MONTH or THIRTY (30) DAYS FROM THE MAILING DATE OF THIS NOTICE, WHICHEVER IS LONGER, WITHIN WHICH TO REMIT THE FEE(S) IN ORDER TO AVOID ABANDONMENT. EXTENSIONS OF THIS TIME PERIOD MAY BE GRANTED UNDER 37 CFR 1.136.

THE INDICATED AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CHANGE YEARLY ON OCTOBER 1 (37 CFR 1.16 & 1.21). THE AMOUNT OF THE FEE(S) DUE IS DETERMINED AS OF THE DATE A COMPLETE REPLY IS RECEIVED BY THE OFFICE (37 CFR 1.8 & 1.10). BECAUSE THE AMOUNT DUE IS NOT NECESSARILY THE FEE INDICATED ABOVE, IT IS RECOMMENDED THAT APPLICANT CHECK THE CURRENT FEE SCHEDULE WHICH IS POSTED ON THE USPTO'S WEBSITE AT: <http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm>

*Service Charges: There is a \$50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a \$25.00 service charge for each month when the balance of a deposit account is below \$1000 at the end of the month (37 CFR 1.21(b)(2)).

Legal Instruments Examiner (LIE) or Clerk of Group

Inquires regarding this Notice should be addressed to the above at _____ (insert Phone Number).